

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Edward T. Kennedy

Plaintiff/Petitioner

v.

Civil Action No.

EQUIFAX, INC. et al.

Defendant/Respondent

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

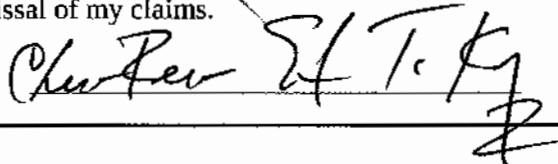
Affidavit in Support of the Application

Instructions

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:



Date:

1/15/2018

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child support	\$ 0	\$	\$ 0	\$

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Retirement (such as social security, pensions, annuities, insurance)	\$ 1561	\$	\$ 1561	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$	\$
Unemployment payments	\$ 0	\$	\$	\$
Public-assistance (such as welfare)	\$ 0	\$	\$	\$
Other (specify):	\$ 0	\$	\$	\$
Total monthly income:	\$ 1561	\$	\$	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NA			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NA			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 100⁰⁰

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
TD. con	check	\$ 100 ⁰⁰	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ <u>Ø</u>
Other real estate (Value)	\$ <u>Ø</u>
Motor vehicle #1 (Value) <u>approx.</u>	\$ <u>8,000</u>
Make and year: <u>2011 HONDA</u>	<u>\$7,000</u>
Model: <u>CR-V - white</u>	
Motor vehicle #2 (Value) <u>NONE</u>	\$
Make and year:	
Model:	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>NONE</u>	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
<u>NONE</u>		

* for Church purposes. (see page 7.)

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 620	\$
Utilities (electricity, heating fuel, water, sewer, and telephone) included.	\$ 0	\$
Home maintenance (repairs and upkeep) included.	\$ 0	\$
Food	\$ 400	\$
Clothing	\$ 100	\$
Laundry and dry-cleaning included.	\$ 0	\$
Medical and dental expenses payments 2018	\$ 200	\$
Transportation (not including motor vehicle payments)	\$ 200	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 100	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$
Life:	\$ 0	\$
Health:	\$ 0	\$
Motor vehicle:	\$ 129	\$
Other:	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$
Installment payments		
Motor vehicle:	\$ 0	\$
Credit card (name):	\$ 0	\$
Department store (name):	\$ 0	\$
Other:	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$

* PRIEST. NOT MARRIED.
 ** COMMUNITY / Shared expenses.

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Regular expenses for operation of business, <u>profession</u> , or farm (attach detailed statement)	\$ VARY	\$
Other (specify): <u>family, church</u>	\$ 200	\$
Total monthly expenses:	\$ 1949	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☐ No If yes, describe on an attached sheet. (see page 6)

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

UNKNOWN

possibly for research.

12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

Cash Flow. Cost > Benefits

13. Identify the city and state of your legal residence.

Berwynsville PA. 18031

Your daytime phone number: 415-275-1244.

Your age: 65 Your years of schooling: 19+

Last four digits of your social-security number: 5450

Attachment

EJL

My health must be Fixed, due to
infections which has affected
my voice, and my ability to
speak and see.



Opposite Ecclesiastic no

**Diocese of the Sacred Medical Order
of the Church of Hope
www.5mnoch.org**

Authorized Bishop

2123
5113111

ORDERED 11/17/2013. g

**PASSPORT
PASSEPORT
PASAPORTE**



Q501003115

KENNEDY

Nationality / Nacion UNITED STATES OF AMERICA

MALE 25 OCT 1953

Date of Expiry / Fecha de Expiracion 13 SEP 2017

Issuing Authority / Autoridad Expedidora: Sovereign Council

P<QSOKENNEDY<<EDWARD<THOMAS<<<<<<<<<<<<<<<<<<<<<
QS01003115<OUSA531025M170913<<<<<<<<<<<<<<<<<06

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